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PHARMACY EDITION

NOVA SCOTIA

PharmacareNEWS

inside

Nova Scotia Formulary Updates

Changes to the Pharmacare News Bulletins

As announced in the December 2025 Pharmacare News Bulletin, Nova Scotia Pharmacare will discontinue mailing printed bulletins after the March 2026 edition. All future editions will be available online only.

You can now subscribe to receive an email notification when each new Pharmacare News Bulletin is published. Subscribe here.

Beginning with the April 2026 edition, Pharmacare will also move to a single, consolidated bulletin. Separate Pharmacy Editions and Prescriber Editions will no longer be produced.

New Exception Status Product

The following new product has been listed with the following criteria, effective **April 1, 2026**.

PRODUCT	STRENGTH	DIN	BENEFIT STATUS	MFR
Ojjaara	100mg Tab	02552965	E (SFC)	GSK
(momelotinib)	150mg Tab	02552973	E (SFC)	GSK
	200mg Tab	02552981	E (SFC)	GSK
Criteria	For the treatment of splenomegaly and/or disease-related symptoms in adult patients with intermediate- or high-risk primary myelofibrosis (MF), post-polycythemia vera MF, or post-essential thrombocythemia MF who have moderate to severe anemia. **Clinical Notes:** • Eligible patients have all of the following: ○ High-risk or intermediate-2 risk MF or intermediate-1 risk associated with symptomatic splenomegaly and/or hepatomegaly			

New Exception Status Product Continued…

PRODUCT	STRENGTH	DIN	BENEFIT STATUS	MFR
Ojjaara (momelotinib)	100mg Tab	02552965	E (SFC)	GSK
	150mg Tab	02552973	E (SFC)	GSK
	200mg Tab	02552981	E (SFC)	GSK
Criteria	○ Palpable splenomegaly of at least 5 cm or confirmed splenomegaly on imaging ○ Hemoglobin less than 100 g/L. • Patients should have a good performance status. • Treatment should continue until disease progression or unacceptable toxicity. Discontinue if there is no response demonstrated after six months of treatment. • Patients are eligible regardless of prior JAK inhibitor use. • Ruxolitinib and fedratinib are not funded after treatment with momelotinib.			

Criteria Updates

The following new indications have been added to existing criteria effective **April 1, 2026**.

PRODUCT	STRENGTH	DIN	BENEFIT STATUS	MFR
Mavenclad (cladribine)	10mg Tab	02470179	E (SF)	EMD
Criteria	**First Line Treatment of Relapsing Remitting Multiple Sclerosis (RRMS)** For the treatment of adult patients with relapsing remitting multiple sclerosis (RRMS) who meet all of the following criteria: • Ambulatory with or without aid (i.e. has a recent Expanded Disability Status Scale (EDSS) score of less than or equal to 6.5) • Experienced one or more disabling relapses or new MRI activity in the past two years **Clinical Note:** • Treatment should be discontinued for patients with an EDSS score of greater than or equal to 7. **Claim Notes:** • Must be prescribed by a neurologist with experience in the diagnosis and management of multiple sclerosis. • Combined use with other disease modifying therapies to treat RRMS will not be reimbursed. • Approvals will be for 1.75mg/kg to a maximum of 200mg per treatment year. • Approval period: 2 years			

Criteria Updates Continued…

PRODUCT	STRENGTH	DIN	BENEFIT STATUS	MFR
Tagrisso (osimertinib)	40mg Tab	02456214	E (SFC)	AZE
	80mg Tab	02456222	E (SFC)	AZE
Criteria	**Locally Advanced, Unresectable (Stage III) Non-Small Cell Lung Cancer (NSCLC)** For the treatment of adult patients with locally advanced, unresectable (stage III) non–small cell lung cancer (NSCLC) with EGFR exon 19 deletions (Ex19del) or exon 21 (L858R) substitution mutations (either alone or in combination with other EGFR mutations) whose disease has not progressed during or following definitive platinum-based chemoradiation therapy (CRT). **Clinical Notes:** • Patients should have a good performance status. • Treatment should continue until disease progression or unacceptable toxicity. • Treatment should be initiated within 10 weeks of completing platinum-based chemoradiation therapy (CRT). • Patients who received an EGFR TKI in the adjuvant setting are eligible if disease recurrence is at least 6 months following completion of adjuvant therapy.			

Change in Benefit Status

Effective **April 1, 2026**, the following products will be delisted as benefits under the Pharmacare Programs.

PRODUCT	STRENGTH	DIN	BENEFIT STATUS	MFR
Mydfrin	2.5% Oph Sol	00465763	**Not Insured**	ALC
Mydriacyl	0.5% Oph Sol	00000981	**Not Insured**	ALC
Mydriacyl	1% Oph Sol	00001007	**Not Insured**	ALC

Effective **April 1, 2026**, the following products will be added to the Drug Assistance for Cancer Patients Program.

PRODUCT	STRENGTH	DIN	BENEFIT STATUS	MFR
Tranexamic Acid	500mg Tab	Various	SFC	VAR